2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT #** \$ 94055 ANNUAL REPOR Jul 17, 2000 8:00 am Secretary of State BEST Billing, INC 07-17-2000 90074 049 ***150.00 Mailing Address 2520 SW 225 13367554 3. Mailing Address ame Suite, Apt. #, etc. - 2/7 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0294466 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANA L CLERNANDEZ Name Street Address (P.O. Box Number is Not Acceptable) Muanu, 7133125 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change Addition TILE ☐ Delete NAME STREET ADDRESS SIDEEL BURNESS CITY-ST-7IP ST ZIP Change ☐ Addition ☐ Delete DILLE NAME STREET ADDRESS ANDRESS ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete STREET ADDRESS CITY-ST-ZIP ST-712 ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS ···· AIMMERE CITY-ST-ZIP ST-71P ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

594055

A0067552

BEST BILLING, INC. 2520 SW 22 ST STE 2-217 MIAMI, FL 33145 (305) 634-1316

July 3, 2000

Uniform Business Report Division of Corporations P.O.Box 1500 Tallahassee, Fl 32302-1500

Dear Sirs or Madam:

Enclosed please find our application for Profit Corporation Annual Report 2000. We would like to ask you to please accept it as regular at \$150.00 filing fee since we never received the application for this year from your office as we usually do.

When you review our records you will find that we always file early. We think the problem might of have been that your office did not note the new mailing address on our 1999 application and may have sent it to the old address at any rate, we never received it and after reviewing our files noticed it and immediately requested it over the phone but never got it. We requested it again on 06-16-00 and now we have received it. We would appreciate it very much that you take this into consideration and also our previous promptness on all our filing and thus accept this at the regular fee.

Also please note that we never received our certification of status requested on and paid in our 1999 application.

Again, we appreciate your attention to our request.

Respectfully,

Ana L. Hernandez Enc/ah